

OFFICIAL TEAM ROSTER



TEAM NAME			
MANAGER'S NAME	HOME PHONE		
ADDRESS	CITY	ZIP	WORK PHONE
EMAIL		-	CELL PHONE

- MINIMUM OF 12 PLAYERS (10 PLAYERS FOR 7-A-SIDE)
- PLAYERS MAY PLAY ON ONLY ONE 11-A-SIDE TEAM

RELEASE FROM LIABILITY AGREEMENT -- ALL PLAYERS MUST READ THE FOLLOWING AND SIGN BELOW

I hearby agree to the following:

- 1. Each team is responsible for its own insurance. The City of Eugene does not provide medical insurance coverage for participants.
- 2. I agree to abide by the rules and regulations as set forth by the City of Eugene Library, Recreation and Cultural Services Department (LRCS). The LRCS Athletics Program will have ultimate decision-making authority on any matters that might arise concerning any one of the leagues. I understand that my failure to abide by any rule and regulation can jeopardize my team's participation in this league.
- 3. In consideration for the right to participate in this activity, I agree to indemnify and hold harmless the City of Eugene and its agents for any claim for injury or damage suffered by myself or others as a result of my participation in this activity. I understand that there are inherent risks in this activity and that training and conditioning are necessary. I agree to assume those risks on behalf of myself.

I have read and understand the above agreement:

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1	Print Name		Signature						
	Address		City					Zip	
	Home Phone	Work Phone	Age	Ability Rating:	0	1	2	3	4
2	Print Name		Signature						
_	Address		City					Zip	
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3	Print Name		Signature					1	
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	Address		City					Zip	
	Home Phone	Work Phone	Age	Ability Rating:	0	1	2	3	4
15	Print Name		Signature						
. 5	Address		City					Zip	
	Home Phone	Work Phone	Age	Ability Rating:	0	1	2	3	4
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Ability Rating: 0=beginner; 1=some skills; 2=average skills; 3=above average skills; 4=highly skilled

Over for more names

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OFFICE USE ONLY			
DATE:	NUMBER:	AMOUNT PAID:	INT: